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CONFIRMATION NO. 9758

<b>SERIAL NUMBER</b> 10/790,651	<b>FILING OR 371(c) DATE</b> 03/01/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> SFMT-01056USE
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *OK FCC*  
 This application is a DIV of 09/842,756 04/26/2001 PAT 6,699,247 which is a CON of 09/474,038 12/28/1999 PAT 6,332,882  
 which is a DIV of 09/474,037 12/28/1999 PAT 6,190,387 *OK FCC*  
 which is a CON of 09/175,645 10/20/1998 PAT 6,068,630 *OK FCC*  
 which is a CIP of 08/958,281 10/27/1997 PAT 5,860,977 *OK FCC*  
 which is a CIP of 08/778,093 01/02/1997 PAT 5,836,948 *OK FCC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None FCC*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 07/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 65	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

**ADDRESS**  
23910

**TITLE**  
Method for lateral implantation of spinous process spacer

<b>FILING FEE RECEIVED</b> 843	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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